



RECEIVABLE DECREASE (RD) REQUEST FORM

TO:

Office of the Comptroller
Revenue Bureau
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108
Att: Transaction Processing Unit

FROM:

Dept: _____
Name: _____
Position: _____
Phone: _____

RECEIVABLE DECREASE DOCUMENT NUMBERS:

Please list the BARS receivable (detailed or summary) that will need a PEND5 approval.

<u>Detail/Summary</u>	<u>RD Doc ID</u>	<u>Amount</u>
_____	_____	\$ _____

(The RD must be entered by the department and be in a PEND5 status)

Description of Receivable(s): _____

Reason for Decrease: _____

Authorized MMARS Signature: _____ Date: ____/____/____
Title: _____

A MMARS RD input form or a copy of the MMARS RD screenprint must accompany this document. If you need assistance, please contact your revenue coordinator at the OSC Revenue Bureau.

All preconditions that a Department Head is responsible for certifying the amount of debt and the accuracy of such debt as stated in 815 CMR 9:00 Debt Collection, have been met.

Comptroller Approval Only

Authorized Comptroller Signature: _____ Date: ____/____/____
Title: _____